# L11000065946

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(D)		
(Bu	isiness Entity Nam	ie)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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11 JUN -3 PH 3: 08

B. BOSTICK

JUN - 6 2011

**EXAMINER** 

# **COVER LETTER**

Division of Cor							
SUBJECT: NSL P	operties, LLC						
	<del></del>	ed Liability Comp	pany				
The enclosed Articles of 0	Organization and fee(s) are s	submitted for filir	ıg.				
Please return all correspon	ndence concerning this matt	er to the followin	g:				
Nigel Los							
		Name of Person					
w-E		E' IC					
		Firm/Company					
7185 Siest	a	Address		•			
		Address		;			
Navarre, FL						1 ====================================	mar F
-1	·	/State and Zip Cod	le		到	E	14584
sherriefl@live	E-mail address: (to be used for	or future annual rec	nort notification)		975. 17.5	ယ	ু নু
For further information co	ncerning this matter, please	•	on nouncation,			PM 3: 08	
Nigel Los		_at (_850	y 936-9437		ORIE	3: 08	
Name of	Person	at ( Area Cod	e & Daytime Tele	phone Number	D		
Enclosed is a check for \$125.00 Filing Fee	the following amount: \$130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Co (additional cop	ng Fee &	\$160.00 Fil Certificate of Certified Co (additional co	of Status opy	&	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton I 2661 Ex	Courier Address tion Section of Corporations Building ecutive Center C see, FL 32301				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

NSL Properties, LLC	d Liability Company, "L.L.C.," or "LLC.")	
	d Elability Company, Elizer, of Elicery	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
7185 Siesta	7185 Siesta	
Navarre, FL 32566	Navarre, FL 32566	<del></del>
		<del></del>
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Nigel Los	n Registered Agent. You must designate an individu	
	Name	
7185 Siesta		3: 08 STATE
Florida str	reet address (P.O. Box NOT acceptable)	A
Navarre	<sub>FL</sub> 32566	
	City, State, and Zip	
C		

(CONTINUED)

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

# ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Nigel Los
	7185 Siesta
	Navarre, FL 32566
	Post 1
	<u> </u>
	m <u>c</u> 7
	77
(II	P
(Use attachment if necessary)	
CLE V: Effective date, if other tha	an the date of filing: (OPTIONA
	ust be specific and cannot be more than five business day
days after the date of filing.)	
<b>REQUIRED</b> SIGNATURE:	<u>.</u>
$\mathcal{M}$	, _/
	nomber or an authorized representative of a member.
Signature of a n	( )
(In accordance with section constitutes an affirmation I am aware that any false	on 608.408(3), Florida Statutes, the execution of this document number the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee



May 23, 2011

NIGEL LOS 7185 SIESTA NAVARRE, FL 32566

SUBJECT: SIESTA PROPERTIES, LLC

Ref. Number: W11000028262

We have received your document for SIESTA PROPERTIES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L08000111362.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 111A00012696